

# APPLICATION FOR NOMINATION PAPERS

## STATE OF HAWAII

NOTE: The information contained on this form is public and will be released (except SSN and date of birth).

### SECTION I: CANDIDATE INFORMATION - Type or print all information in black ink. Failure to print legibly or to complete all requested items may prevent acceptance of application.

1. Social Security Number	2. Current Felony Conviction: <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Indigent: <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
5. Legal Name: Last, First Middle Initial(s)		6. Name Commonly Known As (if different from legal name)	
7. Legal Residence Address in Hawaii (House Number, Street, Apartment Number, City, State, Zip: _____)			
8. If no Street Address, Describe Location of Residence _____			
9. Mailing Address in Hawaii (If different from item 7, Hawaii address only) _____ City: _____ Zip: _____			
10. Date of Birth (month/day/year)	11. Telephone Numbers: Residence: _____ Business: _____		
12. Read the following and check "Yes" or "No": I am a citizen of the United States of America ..... <input type="checkbox"/> Yes <input type="checkbox"/> No I am a resident of the State of Hawaii ..... <input type="checkbox"/> Yes <input type="checkbox"/> No I am a registered voter of the State of Hawaii ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

### SECTION II: CONTEST INFORMATION - Type or print all information in black ink.

13. Contest Title (Enter One Contest Only)	14. Jurisdiction or District (Enter One District Only)		
15. Party Affiliation or Nonpartisan	16. Party Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Name of Candidate's Contact Person	
18. Relationship of Contact Person	19. Contact Person's Telephone Numbers Residence: _____ Business: _____		
20. The information provided in Sections I and II herein is true and correct and I hereby authorize the Chief Election Officer and/or the City/County Clerk to verify the above information.			
Applicant Signature: _____		Date: _____	

### SECTION III: FOR OFFICE USE ONLY. CANDIDATES DO NOT WRITE BELOW THIS LINE.

Issued the following to the candidate: <input type="checkbox"/> Nomination Papers <input type="checkbox"/> Manual <input type="checkbox"/> Ethics Comm.		Registration Status Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Campaign Spend. <input type="checkbox"/> Election Laws	
Contest Code (office-district-party)	Date and Time Issued:	Issued By:	Location:
Ballot Name (27 spaces) <table border="1" style="display: inline-table; width: 100%; height: 20px; vertical-align: middle;"></table>			
Date and Time Filed:	Received By:	Location:	Map Nos. Issued:
Affidavit of Compliance Filed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Filing Fee Amt. Received: \$	Paid By: Cash / Check / Money Order	Receipt Number:
Comments:			

NOTE: State and county candidates are required to provide their social security numbers (See HRS §11-15, the Hawaii State Constitution, and the County Charters). Federal candidates are not required by law to provide such information. Pursuant to Section 7 of the federal Privacy Act (P.L. 93-579), be advised that social security information may be released to government agencies for government purposes.